

BEST AVAILABLE COPY

Lemont Hunter
PCT International Division
(703) 305-2383

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101089797	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51				
2		1				52				
3		1				53				
4	1					54				
5		1				55				
6		1				56				
7	1		1			57				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			1			TOTAL IND.				
TOTAL DEP.		1		1		TOTAL DEP.		1		1
TOTAL CLAIMS			1			TOTAL CLAIMS			1	1